

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035854

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. Registrar's No. 175

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10400

20400

3

4 0

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9/20/

10

11

12 90-8

13 10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

GRUNDY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

TINDALL

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

GRUNDY

c. CITY

OR

TOWN

TINDALL

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

ROYCE

First

IRA

DICKERSON

Last

4. DATE
OF DEATH

Sept

30

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☒

8. DATE OF BIRTH

6-8-1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POSTAL EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

IOWA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WILLIAM H. DICKERSON

13b. MOTHER'S MAIDEN NAME

IDA HAROFF

14. NAME OF HUSBAND OR WIFE

MAYME RANKIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

AUBREY DICKERSON KANSAS CITY MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

NATURAL CAUSES

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

PROBABLY DUE TO CORONARY OCCLUSION

DUE TO (c)

FOUND DEAD IN HOME ON OCT 1, 1963

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

James H. Slater, County Coroner, 10-1-63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 1, 1963 to and last saw him alive on
Death occurred at A.M. of Sept 30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deputy or title)

Drene Fair, Local Registrar

22b. ADDRESS

Trenton MO

22c. DATE SIGNED

10-3-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

OCT-3-1963

23c. NAME OF CEMETERY OR CREMATORY

MARTIN CEMETERY

23d. LOCATION (City, town, or county)

GRUNDY CO.

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

WISE FUNERAL HOME SPICKARD MO.

25. DATE RECD. BY LOCAL REG.

10-3-63

26. REGISTRAR'S SIGNATURE

Drene Fair

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 15 1963

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0040
0040

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2-22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Cross Wise*

Licensed Embalmer No. 3771

P. O. Address *Spickard Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.